

**STATE OF IDAHO**  
**BUREAU OF OCCUPATIONAL LICENSES**  
**1109 Main Street, Suite 220**  
**Boise, Idaho 83702-5642**  
**(208) 334-3233**

**APPLICATION FOR CERTIFICATE OF AUTHORITY**

**An application fee of \$100.00 and a license fee of \$50.00 must be submitted with this application.**

I hereby make application for a Certificate of Authority in the State of Idaho under the provisions of § 54-1129 & § 54-1132, Idaho Code, and provide the following:

1. **Business Name:** \_\_\_\_\_ **License #** \_\_\_\_\_

2. **Business Owner** \_\_\_\_\_

3. **Business address** \_\_\_\_\_  
Street/PO Box City State Zip

4. **Daytime phone** (\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_

5. **Name of Agent** \_\_\_\_\_ **License #** \_\_\_\_\_

(The individual agent's name must be provided. The individual agent must respond to the items below & sign the application.)

6. **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

7. **Are you currently or have you ever been licensed as a mortician or funeral director in any state?** [ ] Yes [ ] No  
(If yes, please attach a photocopy of your current license.)

8. **Have you ever had any license, certification, or registration denied, revoked or suspended?** [ ] Yes [ ] No  
(If yes, please attach a detailed statement, including a copy of the charges and the final order.)

9. **Have you ever been convicted of any State or Federal felony?** [ ] Yes [ ] No  
(If yes, please attach a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information.)

10. **Please attach a copy of each form of contract you will use.**  
(Each contract form must comply with the Form and content and priced disclosure requirements of 54-1133 Idaho Code.)

10. **Please attach an unmounted passport style photograph of yourself, taken within 30 days of this application.**

**AFFIDAVIT**

I hereby certify under penalty of perjury that the responses provided above and that all attached documentations are true and accurate to the best of my knowledge and belief and that I am of good moral character and temperate habits. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing the sale of prearrangement sales contracts.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

\_\_\_\_\_  
Signature of business owner

State of \_\_\_\_\_,  
County of \_\_\_\_\_, ss.  
Subscribed and sworn before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public official signature (seal)  
residing at \_\_\_\_\_  
my commission expires \_\_\_\_\_

BOL-MOR COA - revised 07/01

\_\_\_\_\_  
Signature of agent (if different than business owner)

State of \_\_\_\_\_,  
County of \_\_\_\_\_, ss.  
Subscribed and sworn before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public official signature (seal)  
residing at \_\_\_\_\_  
my commission expires \_\_\_\_\_